



Armed Forces College Of Medicine AFCM



Psychological factors affecting the patients' adherence in endocrinal disorders

By

Intended Learning Outcomes



By the end of the lecture the candidate will be able to:

1. Recognize difference between compliance, adherence & concordance and factors affecting them(a1)
2. Interpret different models of doctor- patient relationship (a1)
3. Understand the role of psychological therapies in

Introduction

- The ultimate aim of any prescribed medical therapy is to achieve certain desired outcomes in the concerned patients.
- Psychological factors such as self-efficacy, self-esteem, coping, and social support were found to be associated with good treatment adherence and disease control; whereas factors such as stressful life events, daily environmental stressors; were associated with poor control and nonadherence to treatment.

Compliance / adherence/ Concordance

- **Compliance** is “patient’s behaviours (in terms of taking medication, following diets, or executing life style changes) coincide with healthcare providers’ recommendations for health and medical advice”
- **Adherence** is defined as the ability and willingness to abide by a prescribed therapeutic regimen
- **“Concordance”** Compared with “compliance”, the term concordance makes the patient the decision-maker in the process and denotes patients-prescribers agreement and harmony

Types of non compliance

Receiving a prescription but not filling it

Taking an incorrect dose

Taking medication at the wrong times

Increasing or decreasing the frequency of doses

Stopping the treatment too soon

Delaying in seeking healthcare

Non-participation in clinic visits

Failure to follow doctor's instructions

“Drug holidays”, which means the patient stops the therapy for a while and then restarts the therapy

“White-coat compliance”, which means patients are compliant to the medication regimen around the time of clinic appointments

Factors affecting Adherence/ Compliance

- Patient-centered factors (age, gender, SEC...)
- Psychological factors
- Therapy-related factors (type, form, dose, duration...)
- Healthcare system factors (transportation, availability..)
- Disease factor (duration, chronicity....)

Psychological factors

- *Patients' beliefs and motivation about the therapy*
- *Negative attitude towards therapy*
- *Patient-prescriber (doctor- patient) relationship*
- *Health literacy*
- *Patient knowledge*

MODELS OF THE DOCTOR-PATIENT RELATIONSHIP

- Szasz and Hollender outlined 3 basic models of the doctor-patient relationship.

1- Active-Passive Model

- It is the oldest of the 3 models. It is based on the physician acting *upon* the patient, who is treated as an inanimate object. It may be appropriate during an emergency when the patient may be unconscious or when a delay in treatment may cause irreparable harm. In such situations, consent (and complicated conversations) is waived.

MODELS OF THE DOCTOR-PATIENT RELATIONSHIP

2- Guidance-Cooperation Model

- The doctor is expected to decide what is in the patient's best interest and to make recommendations accordingly. The patient is then expected to comply with these recommendations.

3- Mutual Participation Model

- The mutual participation model is based on an equal partnership between the doctor and the patient. The patient is viewed as an expert in his or her life experiences and goals, making patient involvement essential for designing treatment. (TRUST- KNOWLEDGE- REGARD- LOYALTY)

Psychological reaction in patients with endocrinal diseases

DENIAL

ANGER

BARGAINING

DEPRESSION

ACCEPTANCE

Psychological reaction in patients with endocrinal diseases

- *Phobia reactions*

- Nonadherence to insulin therapy is observed among patients with diabetes. Anxiety related to fear of insulin injection is common among people. It has been observed that an extreme level of fear of self-injection is associated with high diabetes-related distress, poor general well-being, and psychological comorbidity, as well as poor adherence to the diabetes treatment regimen.

Indications for psychiatric referrals

- (a) Delayed recovery after appropriate treatment
- (b) Discrepancy between endocrine status and current functioning
- (c) Presence of a decline in physical and social function
- (d) Persistence of important comorbidity with special reference to psychiatric disturbances
- (e) Assessment of abnormal illness behaviour
- (f) Problems with lifestyle and risk behaviour

Assessment of abnormal illness behaviour

- It is the way in which given symptoms may be differentially perceived, evaluated, and acted (or not acted) upon.
- It includes aspects such as compliance with medical treatment, difficulties in self-management, and the tendency to experience and communicate psychological distress in the form of physical symptoms (somatization) which add on endocrine aspects.

Psychological Therapies/strategies in the Treatment of endocrinal diseases

- Adequate communication between endocrinologist and patient should be assured, with opportunities for discussion, negotiation and clarification, based on adequate assessment of all relevant biological, psychological, social and cultural factors.
- ***Multidimensional assessment should therefore inform replacement therapy in this setting.***

Psychological Therapies/strategies in the Treatment of endocrinal diseases

- Multidimensional assessment

Endocrinologist

Psychiatrist

Physical therapist

Psychological Therapies/strategies in the Treatment of endocrinal diseases

- Precise definition of the patient's psychological symptoms (depression, anxiety disorders, irritable mood, etc.).
- Understanding coping difficulties and for modifying risk behaviour (e.g., smoking).
- Brief forms of individual psychotherapy may be indicated in selected cases.
- Group therapy of patients sharing similar disorders (e.g., pituitary disease) might also be helpful.

Psychological Therapies/strategies in the Treatment of endocrinal diseases

- Emotional sharing, reassurance, the provision of information (with the endocrinologist participating in some sessions), and planning for the future would encourage the patient to think in terms of adaptive coping, rather than brood about the past ('I am no longer the person I used to be')

Case Vignette

- Mr A, a 43-year-old man with a 20-year history of Insulin dependent DM (complicated by diabetic nephropathy and polyneuropathy), was admitted to the hospital for treatment of acute bacterial pneumonia. His inpatient medical team (including endocrinologist, chest physician) consulted the psychiatry consult team, who evaluated and enrolled him in an outpatient psychiatric clinic. Mr A noted that prior to this assessment he had never had a “decent” conversation about his diabetes treatment.

Case Vignette

- What could be the problem that indicated the patients referral?
- What is the role of psychological therapies in this case?

SUMMARY

- Psychological aspects are important components of endocrine conditions
- Different psychological factors could affect the patients' adherence to treatment in endocrinal diseases.
- Psychological therapies (individual, group therapies ..) are essential part in the management of different endocrinal diseases.

